

GRAMA REQUEST FOR RECORDS

To: _____ *

(name of person and/or government office holding records)

Address of government office: _____

Description of records sought (records must be described with reasonable specificity):

- ☐ I would like to inspect the records.
- ☐ I would like to receive a copy of the records. I understand that I will be responsible for copy costs. I authorize costs of up to \$_____.
- ☐ I would like to receive a copy of the records and request a waiver of copy costs because:
- ☐ Release of the records primarily benefits the public rather than me.
- ☐ I am the subject of the record.
- ☐ I am the authorized representative of the subject of the record.
- ☐ My legal rights are directly affected by the record and I am impecunious.
(Please attach information supporting your request for a waiver of fees.)

If the requested records are not public, please explain why you believe you are entitled to access.

- ☐ I am the subject of the record.
- ☐ I am the person who provided the information.
- ☐ I am authorized to have access by the subject of the record or by the person who submitted the information.
(Please attach documentation required by U.C.A. 63-2-202.)
- ☐ Other. Explain _____
- ☐ I am requesting expedited response. (Please attach information that shows your status as a member of the media and a statement that the records are required for a story for broadcast or publication; or please attach other information that demonstrates that you are entitled to expedited response under U.C.A. 63-2-203(3).)

My name is: _____

My address is: _____

City, State, Zip code: _____

Daytime telephone number: _____

Signature

Date

Received by: _____

Date: _____

* The response to a request may be delayed if it is not directed properly. To find out where to direct a request, consult the agency's rules, or telephone the agency or State Archives. The telephone number for the State Archives is (801-538-3102).